



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND
ENVIRONMENTAL AFFAIRS
Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



APPLICATION FOR HORSEBACK RIDING INSTRUCTOR EXAM

Applicants must be 18 years of age on the date of this application. Applicants must **have completed a 6 Month apprenticeship with a Massachusetts Licensed Riding Instructor. Included in this 6 Months must be 60 hours of mounted instruction.** The applicant must receive a satisfactory score on the written exam administered by the Department.

NAME: _____ TEL: _____

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

IN ORDER TO PROCESS THIS APPLICATION YOU MUST SUBMIT THE FOLLOWING:

- * The dates and description of your apprenticeship **including the type and number of classes taught and the number of students in each class.**
- * A signed and dated letter from the instructor under which you apprenticed verifying your teaching ability (including their name, address, telephone and Instructor license number).
- * Copy of driver's license or birth certificate.
- * This signed application and the \$20.00 (**money order only**) payable to the Commonwealth of Massachusetts.

I certify that I have read Chapter 128, section 2A of the Massachusetts General Law www.state.ma.us/legis and 330 CMR 16:00 Rules & Regulations www.mass.gov/agr and agree to abide by them.

SIGNATURE

DATE